

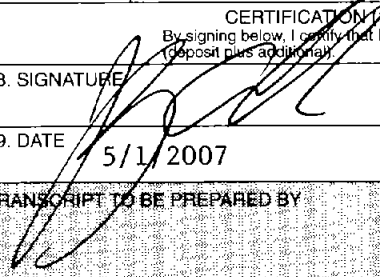
TRANSCRIPT ORDER

Read Instructions on Back.

1. NAME Jeffrey A. Cook, Esq., Cunliffe & Cook		2. PHONE NUMBER 472-1842		3. DATE 5/1/2007	
4. MAILING ADDRESS Ste 200 210 Archbishop F.C. Flores St.		5. CITY Hagatna		6. STATE Gu	7. ZIP CODE 96910
8. CASE NUMBER CV96-00055	9. JUDICIAL OFFICIAL Joaquin V.E. Manibusan		10. FROM 4/26/07		
12. CASE NAME TCW Special Credits		11. TO 4/27/07 4/26/07			
		13. CITY Hagatna			
		14. STATE Guam			
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Motion hearing	4/26/2007
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		FILED DISTRICT COURT OF GUAM MAY 11 2007 MARY L.M. MORAN CLERK OF COURT
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
18. SIGNATURE  CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional)				ESTIMATE TOTAL	

19. DATE 5/1/2007		PROCESSED BY	
TRANSCRIPT TO BE PREPARED BY		PHONE NUMBER	
		COURT ADDRESS	
ORDER RECEIVED	DATE 5/1/07	BY RED	
DEPOSIT PAID		DEPOSIT PAID	
TRANSCRIPT ORDERED		TOTAL CHARGES	
TRANSCRIPT RECEIVED		LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT		TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT		TOTAL DUE	